## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#751057** 

FILED Jan 08, 2008 Secretary of State

Entity Name: SOUTHWEST FLORIDA ROOFING CONTRACTORS ASSOCIATION, INC.

	rincipal Place of Business:	New Principal Place of Business:
P.O. BOX 1446 FT MYERS, FL 33902 Current Mailing Address:		3000 SOUTH STREET FT MYERS, FL 33916
		New Mailing Address:
P.O. BOX FT MYERS	1446 5, FL 33902	
El Number:	59-1612921 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
3000 SOU	N, BROOKE TH ST. ERS, FL 33916 US	
	named entity submits this statement for the of Florida.	ne purpose of changing its registered office or registered agent, or both,
SIGNATUR		Agent
SELCED	Electronic Signature of Registered A S AND DIRECTORS:	Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
ïtle: lame: .ddress:	S () Delete LIFTIG, DEBORAH 11638 PLANTATION PRESERVE CIRCLE	Title: ( ) Change ( ) Addition Name: Address:
City-St-Zip:	FT MYERS, FL 33912	City-St-Zip:
City-St-Zip: Fitle: Name: Address: City-St-Zip:	P () Delete CUMMING, DAVE 1106 SE 12TH COURT CAPE CORAL, FL 33990	
ītle: lame: \ddress:	P ( ) Delete CUMMING, DAVE 1106 SE 12TH COURT	City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:
Title: Name: Nddress: Dity-St-Zip: Title: Name: Nddress:	P () Delete CUMMING, DAVE 1106 SE 12TH COURT CAPE CORAL, FL 33990  T () Delete PETERSON, BROOKE 3000 SOUTH ST.	City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:
ritle: lame: ddress: city-St-Zip: ritle: lame: ddress: city-St-Zip: ritle: lame: ddress:	P () Delete CUMMING, DAVE 1106 SE 12TH COURT CAPE CORAL, FL 33990  T () Delete PETERSON, BROOKE 3000 SOUTH ST. FORT MYERS, FL 33916  D () Delete RANDOL, TOM 6260 METRO PLANTATION RD	City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BROOKE PETERSON TREA 01/08/2008